

SEKIYA, LINDA DALE 02-14-25-33
 V#: 64923436 Doctor: MARK H BERNSTEIN, MD

DATE: 08/21/2001	AGE: 54 Y	T:	Pulse:	LMP:
Ht:	Wt:	BP:	Resp:	DOI:

Allergies: 304.25 RA/Endocrine/RA/RA Current meds:

CC: 2.5 Very upset over work situation. Feels she has been harassed & plans to retire next month. Feels unable to perform paper work since placed on absence control.

ORDERS: Take more Xanax to help with anxiety. R - Xanax 0.5, 1-2 TID at 1800 > Side effects discussed & covered of dependence.

IMPRINT STRAUB CLINIC & HOSPITAL
 SEKIYA, LINDA DALE 02-14-25-33 SUB-CLINICAL NOTE SHEET
 V#: 65567141 Doctor: MARK H BERNSTEIN, MD

DATE: 09/10/2001	AGE: 54 Y	T:	Pulse:	LMP:
Ht:	Wt:	BP:	Resp:	DOI:

Allergies: RA/Endocrine/RA/RA Current meds:

CC: 2.5 Off work until end of month & then retiring. Concerns about mother's health. CT needs. Effect OK but stressed by family health issues.

ORDERS:

Physician's Signature: Date:

EDUCATION-Learning Needs: Instructions: ☐ verbal ☐ other (specify):

Person(s) Instructed: ☐ patient ☐ other (specify): Response: ☐ understood ☐ unable to understand ☐ refused

Comments: Instructor's Signature:

☐ Check box if no dictation to follow

82209 (06/01/98)

EXHIBIT R

000316

(10)

Imprint

Linda Sekiya

Straub

CLINIC & HOSPITAL

888 South King Street • Honolulu, Hawaii 96813

Medical Certificate

This is to certify that the above patient ☒ is ☐ has been under my professional care and

☐ was unable to perform his/her usual duties from _____ to _____

☐ may return to work/school on _____

☐ may continue to work/in school until _____

Remarks: Patient was under significant work stress
which led me to advise her to retire and
take time off from work

11/10/01
Current Date
73025 (01/00/96)

[Signature]
Physician

M.D.

001037

MARK H. BERNSTEIN M.D., INC

599 Farrington Highway

Suite 100

Kapolei, Hawaii 96707

Phone: 808 674-2930

Fax: 808 674-2950

Facsimile transmittal

Date: SEP 23 2004

Total # of pages (including this page) 9

To: Linda Sekiya

Fax: 945 7864

From: Norlyn

Subject: Medical records

Comments: _____

This communication may contain information that is privileged, confidential and/or prohibited from disclosure, and any unauthorized dissemination, distribution or copying of the communication is prohibited. If the communication has been received in error, please call to notify us immediately and return the fax copies including this transmission sheet to us at the address above.

000307

FROM :

FAX NO. :945 7864

Sep. 21 2004 01:15PM P1

9-21-04;12:37PM;Kapolei Family

:808 674 2930

1 / 1

Kapolei Family Medical Center

PLEASE FAX
FILE TOProvider Request for health Information

945-7864

*Date: 9-21-04*Name of requesting Physician / Clinic / Facility: DR. MARK BERNSTEIN*Address: 599 FARRINGTON HWY #100, KAPOLEI, HI 96707*Contact Name: LINDA D. SEKIYA Phone: 945-7864 Fax: 945-7864I am requesting protected health information from: ENTIRE FILE

*Regarding the following patient:

Patient Name: LINDA SEKIYA Birth date: 9-27-46 SS#: 575-48-2664*Purpose of Request: HEARING w/ MSPB & FEDERAL COURTTreatment: patient has appointment on 1/1 at _____ Payment/Billing _____***Records being requested for the following dates of service: BEGINNING to PRESENT*Specific Information Requested:

<input checked="" type="checkbox"/> Billing Information	<input checked="" type="checkbox"/> Progress Notes	<input type="checkbox"/> History & Physical Exam
<input type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> Clinic Visit Notes	<input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Laboratory tests results	<input type="checkbox"/> ER Records	<input type="checkbox"/> Photographs, videotapes
<input type="checkbox"/> Pathology reports	<input type="checkbox"/> Surgery reports	<input type="checkbox"/> digital or other images
<input type="checkbox"/> Other (please specify) _____		

Imaging Reports or Films Requested:

<input type="checkbox"/> X-ray	_____
<input type="checkbox"/> MRI	_____
<input type="checkbox"/> CT	_____
<input type="checkbox"/> Ultrasound	_____
<input type="checkbox"/> Mammogram	_____
<input type="checkbox"/> Other:	_____

*Requesting party assures that:

Request is submitted on behalf of a licensed health care provider, licensed in the state of _____.
The information requested above is related to this provider's involvement in the patient's
Or payment for that treatment.

*Signature: Linda D. Sekiya Date: 9-21-04*Print Name: LINDA D. SEKIYA Title: SELF

000308

Name: Sekiya, Linda

DOB: 09 27 40

Date: 10 23 2003

H: _____ W: _____ T: _____ P: _____ BP: _____ R: _____ Allergies: _____

CC: _____

ROS	mt	Sim
Const	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>
CV	<input type="checkbox"/>	<input type="checkbox"/>
Resp	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin/nails	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>
Endo	<input type="checkbox"/>	<input type="checkbox"/>
Hem/Lymph	<input type="checkbox"/>	<input type="checkbox"/>
Allerg/Immun	<input type="checkbox"/>	<input type="checkbox"/>
PFSH	mt	Sim
Past	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>
Exam	mt	Sim
Const	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Auth	<input type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>
ap	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
Chest (breasts)	<input type="checkbox"/>	<input type="checkbox"/>
GI (abdomen)	<input type="checkbox"/>	<input type="checkbox"/>
Lymph	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>

patient cancelled
on 10/22 @ 1301 hrs -
Office will call pt
to reschedule.
OCT 28 2003 @ 1411 -
called pt @ 945-7864,
reschedule pt - appt on
11/26 wed @ 10³⁰ '12.
Q

Diagnosis:

Plan:

Nurse Orders:

F/U date: _____

Reviewed PFSH _____
Date _____

☐ Instruction/Education give

Signature: _____

000309

Name: Sekiya, Linda

DOB: 09-27-1946

Date: NOV 26 2003

CC: _____

Visit notes:

2.5 Appeals
EEC decision in OK
Unsettled claims
Plan. Health OK.
Discussed.
Effect OK but
fired & same stress

Diagnosis:

304.0 Major depression

Plan:

Wk -
resolving legal
issues

Prescription:

Aripiprazole
#30 x 2

F/U date: 2/12

☐ Instruction/Education given

Signature: [Signature]

Reminder call: LM on ans machine c appt day/time & to call to confirm
TM 1442 NOV 25 2003

000310

Clinical Notes

Name: Sekiya, Linda Date of Service: JAN 14 2004Acct #: B00242 DOB: 09-27-1946 Age: 57

Physician: Dr Mark H Bernstein/Psychiatrist

Diagnosis:

309.0 Axi = depression

Prescription:

LT meds
(Zoloft)

Notes:

2.5 Continued stress & legal issues
Maintaining good attitude. Discussed
Zoloft Targ 1 1/2 - 3/4 / d. Less
anxiety noted

Plan:

Discussed relaxation techniques

Next visit scheduled on:

1/12☐ Instruction/Education given

Physician Signature:

MB

Reminder Call:

~~LM-DA~~ confirmed = pl @ 1154 01/13 nm

000311

Clinical Notes

Name: Sekiya, Linda Date of Service: 02-19-2004
Acct #: 800242 DOB: 09-27-1946 Age: 57

Physician: Dr Mark H. Bernstein/Psychiatrist

Diagnosis:

309.0

Prescription:

Amliu 10 H+S 4 3042
Alprazolam 0.5g 12 & 6042
9 Zoltr 1/2 5/4

Notes:

2.5 Vey stressed & frustrated over legal issues. My appeal to high level of crime down appeal / - 5 trial. Dismissed & cancelled. ↑ Xerox to 0.5 7 12 & 60 42

Plan:

Not allow case to consume life

Next visit scheduled on: 4/17

☐ Instruction/Education given

Physician Signature: MB

☒ Reminder Call: confirmed = pt @ 104 02-18-04 AM.

000312

Clinical Notes

Name: Sekiya, Linda Date of Service: 05-19-2004
Acct #: B00242 DOB: 09-27-1946 Age: 58

Physician: Dr Mark H. Bernstein/Psychiatrist

Diagnosis:

309.0

Prescription:

Zolof 100, 3/4 ITS #90x2
Amitri 10 ITS #90x2
Aripip 0.5 BID #180x2

Notes:

2.5 Concerned over legal issues
fast appeal.

Discussing hiring new attorney or pro Se.
No new issues. Financial concerns.
Handling own emotionally.
Appropriate depression. Not clinically
Some anxiety regarding new team.

Plan:

Work - keep go of legal issues
if need be.

Next visit scheduled on:

1/12

☐ Instruction/Education given

Physician Signature: [Signature]

☐ Reminder Call: _____

000313

Clinical Notes

Name: Sekiya, Linda Date of Service: 06.30.2004Acct #: B00242 DOB: 09.27.1946 Age: 57 y.o. ♀

Physician: Dr Mark H. Bernstein/Psychiatrist

Diagnosis:

309.0

Prescription:

CT needs

Notes:

z.5 Decid'g today - which allows
Liaguna - Isei). Patient needs to
work on.

Effect OK. Less focused - legal
issue. Considering part time work

Plan:

Work - more - to like & keep
allowing deal & case

Next visit scheduled on:

1/12☐ Instruction/Education given

Physician Signature:

MB☒ Reminder Call: Confirmed to pt @ 1728 6/29 RM

000314

Clinical NotesName: Sekiya, LindaDate of service: 09-09-2004Account #: B00242DOB: 09-27-1946Age: 57 y.o.

Physician: Mark H. Bernstein, M.D./Psychiatrist

Diagnosis:

309.0

Prescription:

Amlin 10 mg 49012
Alprazolam 1 mg 18012

Notes:

2.5 Continues to feel angry & upset
at employer (US Navy) b/c treating her
unfairly.

Has some feelings & frustration in March
coming up.

Stressed but coping - more
in control now sees lighter
end of tunnel

Supportive Therapy given

Plan:

Wk - concludes legal case &
moving on in life

Next visit scheduled on: _____

☐ Instruction/Education givenPhysician Signature: [Signature]☒ Reminder call: Confirmed c pt. - NA. 9/8/04 1658

IMPRINT

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STRAUB CLINIC & HOSPITAL

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000316

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